

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE											
							APPLICANT(S)												
CLAIMS																			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP		IND		DEP		IND		DEP	
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TOTAL CLAIMS	18		~		~		TOTAL CLAIMS	~		~		~		~		~		~	